PTO/SB/06 (08-01)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 10/664175 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA FEE RATE FFF BASIC FEE .790.04 385.0 (37 CFR 1.16(a)) OR TOTAL CLAIMS x <u>: 25</u> . x 50 850.00 (37 CFR 1.16(c)) 17 minus 20 = OR INDEPENDENT CLASS x :100 -, 200. В (37 CFR 1.16(b)) = C cunim 1660.**o**t OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 240 If the difference in column 1 is tess than zero, enter "0" in column 2. TOTAL ΛR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST 4 PRESENT REMAINING NUMBER RATE ADDI RATE ADOI-EN PREVIOUSLY **EXTRA** AFTER TIONAL TIONAL. MENDMENT PAID FOR FEE FEE · Total (37 CFR 1.15(c)) Minus AMENDM 25 25 Ø x.s 57 OR Minus Independent (37 CFR 1,16(b)) 5 Ø <u>× =</a>(00)</u> OR FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OR 06 ADO'L FEE ADD'L FEE (Cotumn 2) (Cotumn 3) (Column 1) CLAIMS HIGHEST 8 PRESENT REMAINING RATE ADDI RATE ADDI **EXTRA** ENDMENT **AFTER** PREVIOUSLY TIONAL TIONAL PAID FOR AMENDMENT FEE FEE Minus · Total (37 CFR 1.16(d) OR OR FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O PRESENT REMAINING NUMBER RATE ADD: RATE ADDI-ENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.15(d) Minus AMENDM ΛR Independent (37 CFR 1.16(b)) Minus 200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR \*\*\*. If the entry in column 1 is less than the entry in column 2, write \*0°, to column 3, ...
\*\*\* If the "Highest Number Previously Paid For" IN-THIS SPACE is less than 20, enter

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"If the "Highest Number Previously Paid For" (I THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, proparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.